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Draft country programme document***

Cape Verde

Summary

The Executive Director presents the draft country programme document for Cape Verde for discussion and comments. The Executive Board is requested to approve the 2005 indicative budget of $611,000 from regular resources, subject to the availability of funds, and $450,000 in other resources, subject to the availability of specific purpose contributions, for 2005.

* The submission of this document was delayed, owing to the need for consultations with the UNICEF country office.
** E/ICEF/2004/8.
*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	0.2
U5MR (per 1,000 live births)	38
Underweight (% moderate and severe, 1994)	14
Maternal mortality ratio (per 100,000 live births) (2000)*	76
Primary school enrolment (% net, male/female, 2001)	96/95
Primary school children reaching grade 5 (%, 1998)	91
Use of improved drinking water sources (%, 2000)	74
Adult HIV prevalence rate (%)	1.1
Child work (%, children 5-14 years old)	...
GNI per capita (US$)	1 290
One-year-olds immunized against DPT3 (%)	94
One-year-olds immunized against measles (%)	85

* WHO/UNICEF/UNFPA estimate the maternal mortality rate at 150 per 100,000 live births for the year 2000. This estimate is readjusted when there is an error of classification or under-assessment.

The situation of children and women

1. The Republic of Cape Verde is a Sahelian archipelago of 10 islands situated about 450 kilometres off the coast of Senegal. Only one tenth of its area is arable land. The average population density is 109 inhabitants per square kilometre. This demographic pressure on limited resources is aggravated by structural vulnerabilities such as insularity, chronic drought, shortage of water and fragility of ecosystems. The economy depends on the outside: Cape Verde imports most foodstuffs, and official development assistance and remittances from emigrants account for 27 per cent of the gross national product. Droughts are very frequent and necessitate emergency relief measures. This is currently the situation in the northern islands, where the Government is launching an emergency programme for the affected populations.

2. Good governance and prudent management of aid has enabled Cape Verde to improve its social indicators, without, however, changing the structural basis of its vulnerability, reflected by high rates of unemployment (17 per cent), poverty (29 per cent of households are poor, including 19 per cent which are very poor) and food dependency. The Government is therefore very concerned about the possibility of Cape Verde leaving the group of least developed countries, which would risk depriving it of access to certain types of concessional aid.

3. The maternal mortality rate is estimated at 76 per 100,000 live births, and the infant-child mortality rate is 38 per 1,000 live births. The three main causes of infant-child mortality are perinatal infections, infectious and parasitic diseases and respiratory infections. Among the underlying factors, it may be noted that 54.5 per cent of the population has no access to safe means of excreta disposal, 25 per cent has no source of drinking water, and only 50 per cent of births are attended by qualified personnel, not to mention malnutrition, which can reach 20 per cent among the poorest sectors. The immunization coverage for DTC3 is 94 per cent, and for

measles, 85 per cent. Despite these commendable immunization efforts, in recent years the country has experienced epidemics of cholera, measles and poliomyelitis, indicative of fluctuations in the performance of the expanded programme on immunization (EPI) and the precarious nature of the "gains" in Cape Verde.

4. The education sector continues to receive significant resources from the Government and partners, which have made it possible to attain a net primary school enrolment rate of 96 per cent (boys) and 95 per cent (girls), even though the quality still needs improvement. One of the constraints to achieving universal primary education is the phenomenon of children who have not been registered with the civil authorities, and of child workers (estimated at 8 per cent of children 10-17 years of age, according to the 2000 Census).

5. The promotion of the rights of children and women is a Government priority. The two Optional Protocols to the Convention on the Rights of the Child were ratified and deposited at the Special Session of the General Assembly on Children, in 2002. The national committee for human rights, established in 2001, drew up the national plan of action for monitoring human rights, including children's rights. Women, however, remain the most affected by unemployment, poverty and illiteracy. Moreover, women and children are also victims of violence within the family, and in schools to a lesser extent. This problem is receiving attention from the highest authorities, and is already the subject of studies and of preventive measures and penalties.

6. The first case of AIDS occurred in 1986. In 2002, the incidence of HIV/AIDS in the adult population was 1.1 per cent. In order to maintain this low incidence, a national strategic plan to combat HIV/AIDS was adopted in 2002, mainly targeting prevention at the level of young people and women, and the prevention of parent-to-child transmission. Parent-to-child transmission accounts for 5 per cent of all recorded cases, and children represent 7 per cent of the infected population. The incidence of HIV-seroprevalence rose from 30 to 34 per 100,000 between 2001 and 2002.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

7. At the level of health, and in close collaboration with the World Health Organization (WHO), the programme contributed to the organization of national days of immunization against poliomyelitis, in 2001, 2002 and 2003, with a coverage rate of 91 per cent, 98 per cent and 95 per cent respectively; and a national campaign against measles in 2002, with a coverage rate of 96 per cent for children under 15 years of age. A vaccine against hepatitis B has been included in EPI since 2002, with the assistance of the Italian Government. With regard to nutrition, mention should be made of the formulation and enactment of legislation and of a plan of action for universal salt iodization; consumption of iodized salt has already risen above 50 per cent. The Baby-Friendly Hospital Initiative has been extended to three of the five hospitals and to health centres and communities in 5 of the 17 municipalities. Iron supplementation was introduced in 2003, in all the primary schools. In partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and WHO, UNICEF contributed to the formulation of the national strategic plan to combat HIV/AIDS (2002-2006), in particular to aspects linked to the prevention of vertical parent-child transmission, and support for orphans and vulnerable children.

8. In the area of water, hygiene and sanitation, the programme made a decisive contribution to the formulation of a national sanitation policy, which was adopted by the Government in 2003. Water and sanitation infrastructure has been improved in poor rural areas, particularly Santiago, Fogo and Santo Antão. The capacities of municipalities in solid waste management have been strengthened, and over 20,000 people have gained access to drinking water; hygiene and sanitation conditions have been improved in 73 schools and kindergartens. An experiment in collecting rainwater for schools is an innovative programme activity which the Government has approved for an experimental phase.

9. A geographic information system has been established, which now provides information on 100 per cent of the water points (wells) and other water infrastructure, and covers 60 per cent of primary schools and health centres. The system's gains will be integrated into a system of monitoring and evaluation of development indicators which will be based on the *DevInfo* system.

10. The key results achieved at the level of education are: improvement of facilities at the pre-school level, through the supply of furniture and of educational play materials (5 per cent of kindergartens per year); strengthening of competencies of almost all the pre-school teaching personnel, and of 30 per cent of primary school teachers; improvement of learning conditions and achievement rates of about 10 per cent of students through the supply of textbooks; training/awareness-raising for pre-school and primary-school teachers with regard to gender-equality, awareness-raising about violence in the educational system; integrated education with particular attention to children needing specialized education; establishment of a process for formulating a national policy for the integrated development of the young child, introduction of life skills training in curricula; improvement of the production and dissemination of education statistics; development of associative dynamics in schools (in 9 of the 17 municipalities); and encouragement of girls' schooling through the supply of school uniforms to girls from poor families.

11. The already high coverage of pre-school education (over 60 per cent), the experience gained by UNICEF in this area, and the outcome of the round table on young child development in 2001, constitute a basis for defining a national policy and instituting pilot experiments on the integrated development of the young child. Regular attendance at health centres offers an opportunity to improve the integrated care of infants from 0-18 months of age, with increased involvement of families in the encouragement of exclusive breastfeeding, integrated management of childhood illness (IMCI), birth registration, and prevention of parent-to-child transmission of HIV.

12. In accordance with the recommendations of the Committee on the Rights of the Child, of October 2001, the Government, in the new Criminal Code, has increased the penalties for rape of minors under 18 years of age, and given more latitude to the judicial authorities to investigate cases.

13. Children's right to participation is taken seriously by Governmental and non-governmental leaders, which has led to increasing participation by children and adolescents in various national events. The institutionalization of the children's parliament, and the involvement in this process of the National Assembly and the Ministry of Education, demonstrate the importance of this question.

14. Mobilization for the Global Movement for Children and the "Say Yes for Children" campaign offered an opportunity to involve the whole of society in questions

relating to children. The participation of the President of the Republic at the Special Session of the General Assembly on Children, in 2002, reflects political receptiveness to the implementation of *A World Fit for Children*, but a more effective monitoring system is necessary to ensure conclusive results. The Government has decided to resume its contribution to the regular resources of UNICEF.

15. The United Nations Development Assistance Framework (UNDAF) has helped strengthen the team spirit and ensure better complementarity of the actions of the United Nations system.

Lessons learned

16. Despite the progress made in the field of health, there are signs of vulnerability. They include, in particular, the decline of immunization coverage during the 1990s, and epidemics of measles in 1997 and of poliomyelitis in 2000. While the integration of EPI in health services theoretically ensured better access to immunization, it also "diluted" the resources available for the programme. This trend was exacerbated by the reduction in assistance for EPI. The external review in 2003 therefore recommended a strengthening of EPI in terms of human, material and financial resources.

17. An important programme strategy, especially in the area of education, and of water and sanitation, was the formulation of municipal plans of action with mayor's offices and other partners. The mid-term review showed that this decentralization made it possible to better target beneficiaries and manage resources through this dialogue with local actors. In order to improve results, however, technical support to these partners will need to be strengthened, inter alia for the maintenance and management of public works.

18. Issues of child protection have been more accurately identified through the publication of studies on phenomena such as violence against children, disabled children, children who were not registered at birth, and street children. This will make it possible to improve the targeting of assistance.

19. Since changes in behaviour in terms of women's and children's rights and health and hygiene practices are essential to the attainment of the goals of the programme, UNICEF will progressively increase the human and financial resources for information and communication, within the framework of an integrated communication plan, in accordance with the recommendation of the mid-term review.

Programme of work (2005)

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Basic social services	281	350	631
Social policy development	140	100	240
Cross-sectoral costs	190	-	190
Total	**611**	**450**	**1 061**

Preparation process

20. This one-year extension of the country programme was agreed upon with the Government in order to synchronize the programming cycles of UNICEF and other agencies, in particular the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP). The guidelines and content are the same as for the ongoing programme, with certain adaptations identified in the mid-term review in 2002 and in the annual review in 2003 organized by the Directorate-General for International Cooperation and the Directorate-General for Planning. This extension also made it possible to align the programme more closely with the priorities of the UNICEF medium-term strategic plan, particularly in the areas of HIV/AIDS and protection, and to refocus water and sanitation activities in schools and kindergartens, within the framework of goal (d) below.

Goals, key results and strategies

21. The 2005 country programme extends the activities carried out under the goals of the general plan of operation of the previous programme, which are as follows: (a) to reduce the infant-child mortality rate by 25 per cent; (b) to reduce the maternal mortality rate; (c) to reduce by 25 per cent the rate of serious and moderate malnutrition among children under five years of age; (d) to improve the quality of teaching and learning at the level of basic education; and (e) to reduce all forms of violence and maltreatment of children and women in primary schools, within the family and in society. The mid-term review added the goals of reducing parent-child transmission and HIV propagation among young people; eradicating poliomyelitis, eliminating neonatal tetanus and controlling measles; and improving the care of the young child.

22. The key results for this year, which are in line with the goals of the medium-term strategic plan, are:

(a) Development of the young child: formulation of a national policy; reduction of malnutrition among children under five years of age; exclusive breastfeeding rate to be increased to 40 per cent; universal salt iodization; launching of the pilot phase of IMCI, including the community component;

(b) Immunization: immunization coverage increased to 90 per cent for each antigen, including hepatitis B and tetanus toxoid; eradication of poliomyelitis, control of measles and elimination of neonatal tetanus;

(c) Girls' education: quality of education improved; approach based on gender equality instituted in schools; norms and rules in respect of school hygiene and sanitation formulated and disseminated;

(d) AIDS control: activities for prevention of parent-child transmission carried out at the national level; national policy for orphans and other vulnerable children adopted; prevention plan for young people formulated and implemented in conjunction with youth movements;

(e) Child protection: strengthening of the national response to violence, abuse and maltreatment; universal birth registration; better knowledge of rights and of the most common rights violations.

23. The key strategies are those of the 2000-2004 programme. These strategies, which were validated during the mid-term review, with some adjustments, are as follows:

(a) National, municipal and community capacity-building, in the various areas of social development;

(b) Information, education and communication to increase respect for the rights of children and women, change behaviour in respect of health, nutrition and hygiene practices, and strengthen policies and mobilize families around the programme goals;

(c) Networking with civil society organizations, particularly non-governmental organizations (NGOs) and municipalities, and the private sector, in order to promote community participation at all levels;

(d) Close cooperation with United Nations agencies within the framework of the UNDAF, and with development partners, in order to ensure synergy and the optimal use of resources;

(e) Development of strategic actions to promote improvement of the quality, sustainability, replicability and intersectoral nature of programmes;

(f) Convergence and coordination of actions in underprivileged areas to benefit the most vulnerable groups by engaging in decentralized cooperation with municipalities and communities. The programme is operating in 10 of the 17 municipalities, according priority to those most affected by poverty and emerging social problems, particularly Sao Miguel, Santa Cruz, Sao Filipe, Mosteiros and Brava (representing about 22 per cent of the country's population);

(g) Use of the principles of results-based management, which involves rigorous planning and budgeting, strengthening of monitoring and evaluation systems at the national and local levels, and clear attribution of roles and responsibilities in order to make each person responsible.

Relationship to national priorities and the UNDAF

24. The programme is consistent with the priorities of the national development plan (2002-2005) and with the follow-up to the Special Session of the General Assembly on Children. The goals are in line with the Millennium Development Goals, and to those of the poverty reduction strategy paper which is being prepared. The poorest municipalities and populations have been targeted.

25. The programme takes into account the priorities of the UNDAF, the main framework for action by the United Nations system. The basic social services programme corresponds to the following components of the UNDAF: quality education; promotion of access to quality health services; drinking water, hygiene and sanitation. Similarly, the HIV/AIDS component of the UNDAF accords with the priorities of the country programme in this area. The social policy development programme incorporates the main areas of activity of the UNDAF in relation to promotion of good governance through activities to promote human rights, particularly the rights of children and women, and to promote gender equality.

Relationship to international priorities

26. The programme accords with the Millennium Development Goals. All the components are in line with the first goal, concerning poverty. The goals of reducing

infant-child, maternal and perinatal mortality and activities to combat HIV/AIDS are linked with the fourth, fifth and sixth goals. The goal of universal primary education and equality between boys and girls is in line with the second and third goals. Efforts to improve access to drinking water and to hygiene and sanitation infrastructures (particularly in schools and pre-school institutions) will contribute to the seventh goal.

Programme components

Basic social services

27. The health and nutrition project will help reduce infant-child mortality rates and maternal mortality. It will also strengthen the campaign against HIV/AIDS, especially reduction of parent-to-child transmission, and prevention of HIV/AIDS among young people. Emphasis will be placed on increasing EPI coverage, support for the introduction and maintenance of new vaccines, particularly hepatitis B, eradication of poliomyelitis, elimination of neonatal tetanus and control of measles. The pilot phase of IMCI will be conducted in collaboration with WHO, paying attention to the psychosocial and cognitive aspects in addition to traditional clinical and community aspects. The Baby-Friendly Hospital Initiative will be extended to the two remaining hospitals. Within the context of the integrated development of the young child, it is envisaged that health and nutrition will be improved at the pre-school level. Iron supplementation will be continued, particularly in schools, as well as vitamin A supplementation in health services. In combating HIV/AIDS, UNICEF will facilitate access to medicines through purchasing services. With a view to reducing maternal and neonatal mortality, UNICEF will contribute to a better causal analysis of the problem, and will continue activities to strengthen the capacities of the national reproductive health programme, in partnership with UNFPA, WHO and the Japanese International Cooperation Agency.

28. The basic education project will help achieve universal primary education, according priority to improvement of the quality of teaching and learning. In order to attain this objective, special attention will be paid to the training of primary school and pre-school teachers, supply of textbooks to about 10 per cent of poor students, and supply of school uniforms to about 5 per cent of girls from the poorest families. UNICEF, in partnership with UNFPA, will support the introduction of life skills training in the primary education curriculum, and promotion of the gender equality approach.

29. The programme will also contribute to the formulation of, and support the implementation of, a national policy for the integrated development of the young child, through the establishment of a pilot experiment, in partnership with the Ministry of Education and the World Bank.

30. The water, hygiene and sanitation project will contribute to the implementation of the national sanitation policy, formulated with the support of UNICEF. Schools and pre-school institutions are regarded as the main areas of intervention to bring about a long-term change in the attitudes and behaviours of the population with regard to hygiene and sanitation. The project will contribute to the construction and rehabilitation of sanitary facilities in 15 primary schools. At the national level, the project will support the establishment of institutional and regulatory conditions (rules and norms for schools and pre-school institutions) which will serve as a

framework for the implementation of the sanitation policy and the social mobilization necessary for changing attitudes and behaviours.

31. The social policy development project will contribute to greater incorporation of the rights of children and women in policies and programmes, with an emphasis on poverty reduction programmes and strategies, and the formulation of a national policy for the integrated development of the young child. The project will support the conduct of studies and surveys on the situation of children and women, taking into account age and gender differentiated data. It will also support institutional capacity-building at the central and municipal levels in the areas of planning, monitoring and evaluation. In this context, the *DevInfo* system will be used for a more systematic monitoring of the Millennium Development Goals, in partnership with United Nations agencies. Bearing in mind Cape Verde's vulnerability, the project will support emergency preparedness, with an emphasis on the surveillance system and the capacity to carry out rapid surveys, so as to better anticipate the effects on women and children.

32. The protection project was designed after the mid-term review, in order to target children in at-risk and vulnerable situations, in accordance with national policies and the medium-term strategic plan. For child victims of violence and abuse, the project will take an innovative approach by supporting alternative arrangements for the care of child victims (emergency centre already in existence), particularly specialized care and training. Priority will be given to strategic actions identified by the ongoing study on child abuse and sexual exploitation. The campaign for the universal registration of births will be supported by the institutional capacity-building and strengthening. Information, education and communication activities will be carried out to improve awareness of rights, and to strengthen information and community surveillance systems for child protection. An analysis of the situation with regard to child labour will be undertaken. Continuing the activities already carried out to promote children's right to participation, municipal assemblies are to be set up in all the municipalities, with broad dissemination of their work. In the area of HIV/AIDS, the project will support the formulation of a project for the protection and care of orphans and vulnerable children.

33. **Cross-sectoral costs** include the management expenses and other support necessary for the effective implementation of the programme, including planning, coordination and supervision on the ground. This category also includes the costs of certain key personnel, purchase and transportation of the necessary supplies and equipment, and a proportion of the costs of rent and related services (security, communications, etc.).

Major partnerships

34. The programme plans to continue the partnership with the Italian Government to ensure the availability of the vaccine against hepatitis B in the EPI. With French cooperation, the main areas are protection, adolescents and promotion of rights. The Japanese International Cooperation Agency is an active partner in combating maternal mortality. The United States Fund for UNICEF supported the national immunization days against poliomyelitis.

35. Operational cooperation with the World Bank, WHO and UNAIDS in combating HIV/AIDS will be enhanced through future cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria, aimed mainly at caring for sick persons with antiretroviruses.

36. Cooperation with United Nations agencies is guided by the common country assessment and the UNDAF finalized in 2002; partnership with WHO in HIV/AIDS, EPI and IMCI will continue; the control of maternal mortality and activities to benefit adolescents are two areas where the existing partnership with WHO and UNFPA will be strengthened. Assistance will be sought from the International Labour Organization and the United Nations Office on Drugs and Crime for activities associated with the labour and sexual exploitation of children.

37. For education, the partnership with UNDP, the United Nations Educational, Scientific and Cultural Organization and WFP will aim to eliminate the economic and sociocultural obstacles to girls' education, including alleviation of costs for families linked with girls' education and the promotion of "child-friendly school/girl-friendly school" initiatives. In addition, activities for the promotion of competencies in everyday life will be conducted with UNFPA. With regard to water and sanitation in schools, the programme is receiving support from the French Committee for UNICEF.

38. In the area of the integrated development of the young child, the programme will benefit from cooperation with the World Bank.

Monitoring, evaluation and programme management

39. The Directorate-General for International Cooperation will ensure coordination of the implementation of the country programme, and will organize with UNICEF an annual meeting for evaluation and planning. The technical ministries will ensure proper execution of the programme components in their respective areas. The coordinating committee for the control of HIV/AIDS will coordinate the HIV/AIDS components in an intersectoral context. The Government will support the efforts of UNICEF to mobilize the remaining resources from bilateral partners, NGOs, national committees for UNICEF and the private sector.

40. In the light of the recommendation of the mid-term review to strengthen the intersectoral nature of the various projects, particular emphasis will be placed on better team coordination so as to take more fully into account cross-cutting themes such as the integrated development of the young child and gender equality. Monitoring and evaluation will also be strengthened, as a prerequisite for the implementation of results-based management, and the promotion of organizational learning. Regular field visits will facilitate programme monitoring, as well as the holding of planning and monitoring meetings with targeted municipalities.

41. A set of indicators will allow evaluation of the progress and results of the programme in the key aspects relating to survival (mortality and malnutrition rates, drinking water coverage, morbidity rate, prevalence of HIV/AIDS), development and education (net school enrolment rate, teacher/student ratio, student/classroom ratio, etc.) and the protection of children and women (number of child workers, number of cases of maltreatment, violence and sexual abuse). The evaluations will be conducted jointly by the Government and UNICEF with the participation of other partners and beneficiaries. The second demographic and health survey, which will be carried out in 2004-2005, will update the information on health indicators, including the incidence of HIV/AIDS, which is useful for the monitoring and evaluation of the cooperation programme.

42. Cape Verde has been selected to test new approaches of inter-agency cooperation, particularly in the development of a common system of management with a view to budgetary savings and better programming performance.